Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

		CLAIMS AS	S FILED - (Column		SMALL ENTITY TYPE		OR	OTHER THA					
TOTAL CLAIMS			37		(Colu			RATE	FEE) 	RATE	FEE	
FOR			NUMBER FILED		NUMB	ER EXTRA	Ì	BASIC FEE	370.00	OR	BASIC FEE	740.00	
ТС	TAL CHARGEA	BLE CLAIMS	3) minus 20=		*	17	I	X\$ 9=		OR	X\$18=	314	
INE	EPENDENT CL	AIMS	3 mir	nus 3 =	*		ł	X42=		OR	X84=		
ML	ILTIPLE DEPEN	DENT CLAIM P	RESENT				Ì	+140=			+280=		
* If the difference in column 1 is less than zero, enter "0" i						olumn 2	l	TOTAL		OR OR	TOTAL		
CLAIMS AS AMENDED - PART II							IOIAL		Un	OTHER	THAN		
		(Column 1)		(Column 2) (Column 3				SMALL ENTITY			OR SMALL ENTITY		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 24	Minus	*37	7			X\$ 9=		OR	X\$18=		
	Independent	* 2	Minus	***	3			X42=		OR	X84=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=		OR	+280=			
ang Sanga Speed							L	TOTAL ADDIT. FEE			TOTAL ADDIT, FEE		
(Column 1) (Column 2) (Column 3)								10011.1 22 2			NOD:::: ==:		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NDN	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
AME	Independent			Minus ***				X42=		OR	X84=		
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=		OR	+280=	-	
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		
(Column 1) (Column 2) (Column 3)													
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		PREVI PAID	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	episkus karan mending Kabupatèn diskada	Minus	***		=		X\$ 9=	5 4.	ÓR	>X\$18=∘	2 × 14	
	Independent		Minus	***	= 01 010	=		X42=	•	OR	X84=		
150.45		NTATION OF M				· · · · · · · · · · · · · · · · · · ·	ا ا	+140=	ā	OR	+280=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." OF										OR	TOTAL ADDIT. FEE		
"		ımber Previousiy F nber Previousiv Pa					er fou	ind in the apr	propriate box	x in co	lumn 1.		